FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1   OHGANIZATION									
	(See instructions)				Office use only				
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typyi over the lines	ing, type	12FE4M5	1 1 1			
Congressma	n Bart Gordon Coi	nmittee		1111		<u> </u>		لب	
	<u> </u>	<u> </u>	<u> </u>	1111					
ADDRESS (number an	d street)	Box 2008							
(Check if add	dress								
is changed)	Murf	reesboro			TN	37133	ـــا- ــ		
COMMITTEE'S E-MA	AIL ADDRESS		CITY	Ş	STATE_	ZIP (	CODE 📥		
teambart@be	ellsouth.net							1	
							1 1 1 1		
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)							
							1 1 1 1	1	
							1 1 1 1		
COMMITTEE'S FAX 6158481995  2. DATE 0	M / D D / Y								
3. FEC IDENTIFIC	ATION NUMBER		C C00196915						
4. IS THIS STATE	MENT X NEW	(N) OR	AMEN	IDED (A)					
I certify that I have exar	nined this Statement and	to the best of my kno	wledge and belief it is t	rue, correct and	complete				
Type or Print Name of	f Treasurer	Richard F. LaRo	che, Jr.						
Signature of Treasure	er Electronically File	d by <b>Richard F</b> .	LaRoche, Jr.	D	ate 0 4	M / D D D	Y Y 20	) 0 7	
NOTE: Submission of	false, erroneous, or incon		ν subject the person sig		•		S437g.		
Office Use Only			Federal Ele	information co ction Commissio 00-424-9530 94-1100		_	ORM 1		